

# Dr Harbidge & Partners

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Harbidge & Partners on 6 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 6 October 2016 inspection can be found by selecting the 'all reports' link for Dr Harbidge & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 7 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- Learning from significant events was shared with staff and six monthly significant event analysis meetings were being planned to identify common trends.

- There was an effective system in place to follow up children who did not attend hospital appointments.
- A system was in place to ensure that all medicine and equipment alerts issued by external agencies were acted upon.
- There was a system in place to ensure that patients who were prescribed high risk medicines received appropriate monitoring to minimise potential risks.
- Patients' paper records were stored securely.
- Most staff had completed mandatory training identified by the practice.
- Governance arrangements were in place to assess and monitor risks and the quality of the service provided.
- Written and verbal complaints were recorded to enable trends to be identified.
- There were systems in place to enable the practice to receive and act on patient feedback on the quality of the service. For example, a patient participation group (PPG) had been established.

# Summary of findings

- The practice had become a dementia friendly practice.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure all GPs are up to date with mandatory training.
- Ensure that a GP who is a partner at the practice registers with the Care Quality Commission.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

- Learning from significant events was shared with staff and six monthly significant event analysis meetings were being planned to identify common trends.
- There was an effective system in place to follow up children who did not attend hospital appointments.
- A system was in place to ensure that all medicine and equipment alerts issued by external agencies were acted upon.
- There was a system in place to ensure that patients who were prescribed high risk medicines received appropriate monitoring to minimise potential risks. However, a nominated person had not been identified to regularly carry out searches of patients on high risk medicines to assure accountability and safety.
- Patients' paper records were stored securely.
- Most staff had completed mandatory training identified by the practice. However, we saw that two GPs had not completed parts of their mandatory training.

Good



### Are services well-led?

- Governance arrangements were in place to assess and monitor risks and the quality of the service provided.
- Written and verbal complaints were recorded to enable trends to be identified.
- There were systems in place to enable the practice to receive and act on patient feedback on the quality of the service. For example, the practice worked closely with the patient participation group (PPG).

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure all GPs are up to date with mandatory training.
- Ensure that a GP who is a partner at the practice registers with the Care Quality Commission.

# Dr Harbidge & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

## Background to Dr Harbidge & Partners

Dr Harbidge & Partners is registered with the CQC as a partnership provider and is located in Kidsgrove, Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS North Staffordshire Clinical Commissioning Group.

The practice is a purpose built single storey building, and is owned and shared with another GP provider. The total patient population on the day of the inspection was 9,586. The practice is in an area considered as one of the least deprived nationally. The practice has a higher proportion of patients aged 65 years (22%) compared to the national average of 17%.

The practice team comprises of:

- Four GP partners (one female and three male).
- A practice matron, a clinical nurse practitioner, three practice nurses, a clinical nursing assistant and a health care assistant
- A practice manager
- A team of reception and administration staff.

Practice opening times are Monday and Tuesday from 7am to 6pm, Wednesday 7am to 7.30pm, Thursday 8am to 1pm and Friday 8am to 6pm. GP appointments are from 7am to 12pm on Monday, Tuesday and Wednesday and 8.30am to 12pm on Thursday and Friday and 2.30pm to 6pm daily except for Thursday afternoon when the practice is closed. Extended opening hours are provided until 7.30pm on Wednesday. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr Harbidge & Partners on 6 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 6 October 2016 can be found by selecting the 'all reports' link for Dr Harbidge & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Harbidge & Partners on 7 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice and spoke with a member of the Patient Participation Group.

# Detailed findings

During our inspection we:

- Spoke with the practice manager and a GP partner.
- Reviewed an anonymised sample of the treatment records of patients.

- Looked at information the practice used to deliver care and treatment.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing safe services. This was because:

- Learning from significant events was not shared with all staff. Regular analysis of significant events to identify common trends had not been carried out.
- Children who did not attend hospital appointments were not followed up by the practice.
- Medicine and equipment alerts issued by external agencies were not always acted upon.
- Patients who were prescribed high risk medicines had not received appropriate monitoring to minimise potential risks.
- Patients' paper records were not stored securely.
- Staff had not received mandatory training at the earliest opportunity.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 7 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

Learning from significant events was shared with staff. We saw minutes of practice meetings which showed that significant events were a regular agenda item. Six monthly significant event meetings were due to start in June 2017 to identify common trends, maximise learning and help mitigate further errors.

### Overview of safety systems and process

There was an effective system in place to follow up children who did not attend hospital appointments. A protocol had been developed and we saw that 39 children had been identified and followed up. As a result of this system the practice had identified a safeguarding concern and reported their concerns to the appropriate agencies.

A system was in place to ensure that all medicine and equipment alerts issued by external agencies were acted upon. Minutes from practice meetings showed that alerts were a standard agenda item to ensure that staff were aware of issues to be addressed and actioned. The practice had appointed a responsible GP to have oversight of the system.

There was a protocol and system in place to ensure that patients who were prescribed high risk medicines received appropriate monitoring to minimise potential risks. However a nominated person had not been appointed to ensure searches were regularly carried out to identify any outstanding reviews.

Patients' paper records were stored securely. Key pad locks had been fitted to all the doors that provided access to where the notes were stored.

Most staff had received mandatory training identified by the practice. We saw that the GPs had completed level three training for safeguarding children. However, we saw that two of the GP partners had not completed several parts of their mandatory training. The practice manager and senior partner informed the GPs of the need to complete this on the day of our inspection.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing well-led services. This was because:

- Governance arrangements were not in place to assess and monitor risks or the quality of the service provided.
- Verbal complaints were not recorded to enable trends to be identified.
- Systems were not in place to enable the practice to receive and act on patient feedback on the quality of the service.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the practice on 7 June 2017. The practice is now rated as good for being well-led.

### Governance arrangements

Governance arrangements were in place to assess and monitor risks and the quality of the service provided. The practice had arranged for the NHS England Supporting Change in General Practice Team (SCGPT) to carry out a three day scoping exercise in July 2017 to support the future resilience of the practice. The practice planned to use the recommendations from the scoping exercise to improve the quality of the service they offered to their patients and improve working conditions for all staff. Clinical and practice team meetings were held in alternate months to discuss and address areas such as significant events, complaints and medicine alerts.

We previously inspected the practice in October 2016. At this inspection we saw that our Care Quality Commission

(CQC) performance assessment had not been displayed in the practice or on the practice's website in line with legal requirements. Before the end of our inspection the performance assessment rating had been clearly displayed on the practice's reception desk. Our CQC performance assessment rating was added to the practice's website the following day.

### Seeking and acting on feedback from patients, the public and staff

Information about how to complain was available on the practice website and in the practice complaints leaflet. Evidence from five examples reviewed showed the practice responded quickly to issues raised. Written and verbal complaints were recorded to enable trends to be identified and learning from complaints was shared with staff. Where trends were identified action had been taken to reduce the occurrence of the issues arising again.

Systems were in place to enable the practice to receive and act on patient feedback on the quality of the service. For example, a patient participation group (PPG) had been established since our previous inspection. Prior to this inspection we spoke with a member of the PPG. They told us meetings to establish a PPG had commenced in December 2016 and the group now had seven members. Representatives from the practice also attended the PPG meetings. The PPG representative told us they felt listened to and the practice had acted on concerns raised by them. For example, patients found it difficult to get through to the practice to cancel an appointment if they no longer needed it. This meant that these appointments were unused or wasted. In response to this, the practice had installed a dedicated telephone line option to enable patients to cancel unneeded appointments.